



CITY OF SAN JOSE, CALIFORNIA

APPLICATION FOR SAN JOSE ELECTIONS COMMISSION

MEMBERS OF SAN JOSE ELECTIONS COMMISSION MUST BE RESIDENTS OF SAN JOSÉ. PLEASE TYPE OR PRINT IN BLACK INK. FACSIMILE APPLICATIONS CANNOT BE ACCEPTED. Submit original application to the Office of the City Clerk, 200 East Santa Clara Street, San José, California, 95113, Telephone (408) 535-1260. If more space is needed, please attach additional pages. Applications are valid for one year from the date of application and are public record.

Are you a resident
of San José?

Length of
Residency

Council
District No.

Name
(last, first, middle)

Home Phone No.

Work Phone No.

Address

San José, CA Zip

Present Employer (Name/Address)

Job Title/Description of Duties:

Current Employer of Spouse (Name/Address)

Spouse's Job Title/Description of Duties:

College, Professional, Vocational or
Other Schools Attended

Major Subject

Dates Attended

Degree & Date

List any position or office held in any governmental agency, civic or charitable organization including the dates:

Languages spoken:



Special Awards or Recognitions Received:

Please state why you want to become a member of this Commission including specific objectives which you would work toward as a member. Please indicate any familiarity or experience you may have with campaign laws.

CONFLICT OF INTEREST: State and local law require that you abstain from participation in decisions that may affect your financial interests, including sources of income, interests in real property or investments. In addition, if appointed, you may be required to fill out a disclosure statement which identifies certain of your financial interests beginning with the immediate twelve-month period prior to your appointment. Based on your best judgement, does this Commission make decisions that may affect sources of income, interests in real property or investments of you or your spouse? If yes, please explain. Please identify any organizations, associations, corporations or entities by which you are employed or associated that might be affected by decisions of this Commission, and the positions you hold.

Please state any other information which you feel would be useful in reviewing your application.

SANJOSE REFERENCES:

Name Phone No.

Address

Name Phone No.

Address

SIGNATURE OF APPLICANT

DATE SIGNED

SOCIO-DEMOGRAPHIC INFORMATION: (OPTIONAL)

Male ☐ Female ☐ 18-35 ☐ 36-45 ☐ 46-55 ☐ 56-65 ☐ 65+ ☐

Disability: Yes ☐ No ☐ Any special needs during interview process? Yes ☐ No ☐

Racial/Ethnic Identification: _____

Sexual Orientation _____

How did you learn of this vacancy? _____

8/2005